

# CMS Mandate - Payer Reimbursement Summary

## Advanced Specialty Hospital of Toledo

Advanced Specialty Hospitals of Toledo												
As of December 31, 2021												
Item / Service Description	Aetna	Anthem	Cigna	Cofinty	FrontPath Health Coalition	Galaxy	Medical Mutual of Ohio	Medical Mutual of Ohio / NASCO	Multiplan	Ohio Health Choice	Paramount Healthcare	United Healthcare
Hospital inpatient care - per diem (daily) rate for all levels	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$ 2,100.00	n/a
Hospital inpatient care - per diem (daily) rate for Rev Code 100-169	\$ 1,442.00	\$ 1,530.00	\$ 1,450.00	\$ 1,100.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$ 1,100.00
Hospital inpatient care - per diem (daily) rate for Rev Code 206,214	\$ 1,648.00	\$ 1,530.00	\$ 1,600.00	\$ 1,350.00	\$ 1,650.00	n/a	n/a	n/a	n/a	\$ 1,900.00	n/a	n/a
Hospital inpatient care - per diem (daily) rate for Rev Code 200-203,207	\$ 1,854.00	\$ 1,530.00	\$ 1,900.00	\$ 1,500.00	\$ 1,850.00	n/a	n/a	n/a	n/a	\$ 2,100.00	n/a	\$ 1,300.00
Hospital inpatient care - per diem (daily) rate for Days 1-7	n/a	n/a	n/a	n/a	n/a	n/a	\$ 1,948.00	n/a	n/a	n/a	n/a	n/a
Hospital inpatient care - per diem (daily) rate for Days 8-14	n/a	n/a	n/a	n/a	n/a	n/a	\$ 1,866.00	n/a	n/a	n/a	n/a	n/a
Hospital inpatient care - per diem (daily) rate for Days 15-21	n/a	n/a	n/a	n/a	n/a	n/a	\$ 1,543.00	n/a	n/a	n/a	n/a	n/a
Hospital inpatient care - per diem (daily) rate for Days 22+	n/a	n/a	n/a	n/a	n/a	n/a	\$ 1,435.00	n/a	n/a	n/a	n/a	n/a
Hospital inpatient care - % of charges rate	n/a	n/a	n/a	n/a	n/a	65%	n/a	45%	60%	n/a	n/a	n/a
Dialysis add-on per treatment	\$ 412.00	\$ 400.00	n/a	n/a	\$ 450.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sleep Study per each	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$ 900.00